# OUTCOME-BASED PHYSICIAN-RECOMMENDED ALTERNATIVE AND WAIVER (FORM B)

You may be able to earn rewards in different ways for the Cigna Health and Wellness Program. You have taken the first step towards working with your doctor to help achieve your goals. First, complete the Patient Information Section below. Second, ask your doctor (or licensed medical professional) to either provide an alternative goal that is appropriate for you, or a waiver from completing the goal. Finally, please ask your doctor to sign the completed form before returning it to Cigna.

Cigna.

## Patient Information Section (Please print all information)

First Name | MI | Last Name

Address

City | State | Zip

Cigna Account Number:

Primary Telephone
Area Code ( ) -

Social Security (SSN) Last 4 numbers
Note: Please use the last 4 digits of SSN for person being screened.

Customer ID (Note: located on your Cigna ID card; this is an 11 position field)

Patient Date of Birth
MM DD YYYY

Patient (or legal guardian of minor) Signature: By signing below you are confirming the information on this forms is true and accurate, and you understand your data will be released to your Cigna health plan. (Required)

Today's Date (Required)
MM DD YYYY

## Physician (or Licensed Medical Professional) Information Section (Please print all information)

As an attending physician (or other licensed medical professional) for the above-mentioned patient,

**Option 1 - Physician Recommended Alternative**

☐ I recommend that this patient be waived from the activities checked below:

_____ Achieve a healthy body mass index
_____ Achieve a healthy body mass index or improve weight
_____ Achieve a healthy total cholesterol level
_____ Achieve a healthy LDL level
_____ Achieve a healthy fasting blood sugar
_____ Achieve a healthy non-fasting blood sugar
_____ Achieve a healthy waist circumference
_____ Achieve a healthy blood pressure
_____ Achieve a healthy blood pressure or improve blood pressure
_____ Get help improving my lifestyle habits (tobacco cessation)
_____ Other (For example online programs such as tobacco cessation and weight management)
_____

OR

**Option 2 - Physician Recommended Waiver**

☐ Waive patient from all eligible incentive activities, including biometric screening, due to medical reasons (e.g. pregnancy, serious medical condition, physical disabilities, terminal illness, etc.) Please note that checking this box will mean that every goal offered will be rewarded. If goals like maternity program or complex case management are offered, they will also be waived. If this is not your intent, please use Option 1 above to check off applicable activities.

Physician First Name (or Licensed Medical Professional) | MI | Last Name

Address

City | State | Zip

Title

Signature of Physician or Licensed Medical Professional (Required)

Today's Date (Required)
MM / DD / YYYY

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# OUTCOME-BASED PHYSICIAN-RECOMMENDED ALTERNATIVE AND WAIVER (FORM B)

## Instructions for patients and health care professionals


These instructions may be used by both patients and licensed medical professional for completion of the alternative/waiver request forms. The steps below guide you through determining which form to use, how to complete the forms, and how to submit the forms to Cigna.

**Activity-Based Physician-Recommened Alternate and Waiver form (Form A)**

- If you wish to receive a physician-recommended alternative or waiver from completing activity based incentive programs, choose this form.
- Examples of activity based programs include but are not limited to:
- Participating in wellness programs, such as nutrition or exercise programs
- Achieving activity-related goals, such as a 10,000 step challenge
- Managing diet or physical activity

Refer to Form A for all activity-based goals

**Outcome-Based Physician-Recommended Alternate and Waiver form (Form B)**

- If you wish to receive a physician-recommended alternative or waiver from completing health outcomes based incentive programs, choose this form.
- Examples of health outcomes programs include but are not limited to:
- Achieve a healthy body mass index, cholesterol level, blood sugar level, and blood pressure
- Manage weight by losing five to 10 percent of your current weight
- Tobacco cessation

Refer to Form B for all outcome-based goals

**Patients**

- Print a copy of the correct form and bring it with you to your physician visit, along with any Cigna health plan material you may have that outlines your incentive program.
- Please complete all fields in the top section including your name, address, birthdate, and account information.
- Please sign and date the form. Forms received without signature will not be processed.
- Please write clearly. Forms that are not legible may be returned.

**Physicians (or Licensed Medical Professionals)**

- Discuss with your patient the options for alternatives or waivers to completing the incentive goal.
- The patient may have Cigna health plan material that will include details of the incentive program for your reference.
- Indicate on the form if you are providing an alternative or a waiver.
- Check the activities for which alternative or waiver should be applied.
- The form must be signed and dated in order for it to be processed for the patient.

**Using the "Other" category**

If you wish to receive a physician-recommended alternative or waiver for a goal or activity that is not listed on this form, please check the "Other" category on the form and include the detailed goal name as it appears in your incentives program materials.

**Please send the forms by mail or fax**

- Mail — Cigna<br>PO Box 3026<br>Scranton, PA 18505
- Fax — 888.467.7281<br>Enter on the fax cover sheet: "CONFIDENTIAL —Attention: Physician-Recommended Alternative and Waiver"
- Upload — Electronically upload your form at mycigna.com.

If you have questions about completing this form please call the number on your Cigna ID card.
If you are not enrolled in a Cigna medical plan, please call 1-800-Cigna 24 (244.6224).

Your Privacy is Important: The privacy of your health information is important to you and to Cigna. We are committed to ensuring your personal health information is protected and secure, and that our practices comply with privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA).